

CLAIMS ONLY							<div style="display: flex; justify-content: space-between;"> Application Number Filing Date </div> <div style="font-size: 24px; font-weight: bold; margin-top: -10px;">10/509804</div>	
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10	1							
11								
12								
13								
14								
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16								
17	1							
18								
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21								
22								
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24								
25	1							
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44								
45								
46								
47								
48								
49								
50								
Total Indep	3							
Total Depend	14							
Total Claims	17							